

Amendment No.

CHAMBER ACTION

Senate

House

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Representative Learned offered the following:

Amendment to Amendment (739505) (with directory and title amendments)

Remove lines 35-105 and insert:

(9) A provider of home health care services or of medical supplies and appliances shall be reimbursed on the basis of competitive bidding or for the lesser of the amount billed by the provider or the agency's established maximum allowable amount, except that, in the case of the rental or purchase of durable medical equipment and complex rehabilitation technology, the provider, including veteran providers, must be reimbursed by the agency, managed care plans, and any subcontractors at an

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14 amount equal to 100 percent of, the total rental payments may
15 not exceed the purchase price of the equipment over its expected
16 useful life or the agency's established maximum allowable
17 amount, whichever amount is less. Any agency cost increase must
18 be accounted for in the managed care rate setting process.

19 (26) The agency may receive funds from state entities,
20 including, but not limited to, the Department of Health, local
21 governments, and other local political subdivisions, for the
22 purpose of making special exception payments and Low Income Pool
23 Program payments, including federal matching funds. Funds
24 received for this purpose shall be separately accounted for and
25 may not be commingled with other state or local funds in any
26 manner. The agency may certify all local governmental funds used
27 as state match under Title XIX of the Social Security Act to the
28 extent and in the manner authorized under the General
29 Appropriations Act and pursuant to an agreement between the
30 agency and the local governmental entity. In order for the
31 agency to certify such local governmental funds, a local
32 governmental entity must submit a final, executed letter of
33 agreement to the agency, which must be received by October 1 of
34 each fiscal year and provide the total amount of local
35 governmental funds authorized by the entity for that fiscal year
36 under the General Appropriations Act. The local governmental
37 entity shall use a certification form prescribed by the agency.
38 At a minimum, the certification form must identify the amount

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39 | being certified and describe the relationship between the
40 | certifying local governmental entity and the local health care
41 | provider. Local governmental funds outlined in the letters of
42 | agreement must be received by the agency no later than October
43 | 31 of each fiscal year in which such funds are pledged, unless
44 | an alternative plan is specifically approved by the agency. To
45 | be eligible for low-income pool funding or other forms of
46 | supplemental payments funded by intergovernmental transfers, and
47 | in addition to any other applicable requirements, essential
48 | providers identified in s. 409.975(1)(a) ~~s. 409.975(1)(a)2.~~ must
49 | have a network offer to contract with each managed care plan in
50 | their region and essential providers identified in s.
51 | 409.975(1)(b) ~~s. 409.975(1)(b)1. and 3.~~ must have a network
52 | ~~offer to~~ contract with each managed care plan in the state.
53 | Before releasing such supplemental payments, ~~in the event the~~
54 | ~~parties have not executed network contracts,~~ the agency shall
55 | determine whether such contracts are in place and evaluate the
56 | ~~parties' efforts to complete negotiations. If such efforts~~
57 | ~~continue to fail, the agency must~~ withhold such supplemental
58 | payments beginning no later than January 1 of each fiscal year
59 | for essential providers without such contracts in place. By the
60 | end of each fiscal year, the agency shall identify essential
61 | providers who have not executed required network contracts with
62 | the applicable managed care plans for the next fiscal year. By
63 | July 30, such providers and plans must enter into mediation and

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64 jointly notify the agency of mediation commencement. Selection
65 of a mediator must be by mutual agreement of the plan and
66 provider, or, if they cannot agree, by the agency from a list of
67 at least four mediators submitted by the parties. The costs of
68 the mediation shall be borne equally by the parties. The
69 mediation must be completed before September 30. On or before
70 October 1, the mediator must submit a written postmediation
71 report to the agency, including the outcome of the mediation
72 and, if mediation resulted in an impasse, conclusions and
73 recommendations as to the cause of the impasse, the party most
74 responsible for the impasse, and whether the mediator believes
75 that either party negotiated in bad faith. If the mediator
76 recommends to the agency that a party or both parties negotiated
77 in bad faith, the postmediation report must state the basis for
78 such recommendation, cite all relevant information forming the
79 basis of the recommendation, and attach any relevant
80 documentation. The agency must promptly publish all
81 postmediation reports on its website in the third quarter of the
82 ~~fiscal year if it determines that, based upon the totality of~~
83 ~~the circumstances, the essential provider has negotiated with~~
84 ~~the managed care plan in bad faith. If the agency determines~~
85 ~~that an essential provider has negotiated in bad faith, it must~~
86 ~~notify the essential provider at least 90 days in advance of the~~
87 ~~start of the third quarter of the fiscal year and afford the~~

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88 ~~essential provider hearing rights in accordance with chapter~~
89 ~~120.~~

90 (27) Any provider of mental health care for veterans must
91 be reimbursed by the agency, managed care plans, and any
92 subcontractors at an amount equal to 100 percent of the agency's
93 established maximum allowable amount.

94 -----
95
96 **D I R E C T O R Y A M E N D M E N T**

97 Remove lines 5-6 and insert:

98 Section 1. Subsections (9) and (26) of section 409.908,
99 Florida Statutes, are amended, and subsection (27) is added that
100 that section, to read:

101 -----
102
103 **T I T L E A M E N D M E N T**

104 Remove lines 993-994 and insert:

105 409.908, F.S.; requiring that the rental and purchase
106 of durable medical equipment and complex
107 rehabilitation technology and providers of mental
108 health care for veterans be reimbursed by the Agency
109 for Health Care Administration, managed care plans,
110 and subcontractors at a specified amount; requiring
111 the agency to determine compliance with essential

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